## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AI
Secretary of State

ANNUAL REPORT							
	MENT # V29825		]	50	ecretary of S	<b>&gt;</b> 1	
1. Entity Name CHRISTIAN ACADEMY PRESCHOOL, INC.				)			
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Principal Plac	ce of Business	Mailing Address		7			
2730 DILLA Eustis, Fl		2730 DILLARD RD. Eustis, Fl. 32726 us					
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	O NOI WRITE	IN THIS SPA	CE	4. FEI Numb		Applied For Not Applicab	
•		·				\$8.75 Additional	
	6. Name and Address of Current Reg	sistered Agent		,		Fee Required	-,
						As the state of th	
GLISSON, FLORA M. 1001 PINE TREE DR.				DO	<b>NOT WR</b>		
P.OL BOX 322 EUSTIS, FL 32727					THIS SPA	4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ام)
200110,1	LUZIZI				10 8 10		
8. The above	named entity submits this statement for the	e purpose of changing its register	ed office or registe	red agent, or bo	oth, in the State of Florida	a. I am familiar with, and accept	
· the obligat	tions of registered agent.		<b> </b>				
SIGNATURE.	Signature, typed or printed name of registered agent and to	ille li applicable (NOTE: Registere	d Agent signature require	d when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.				.00 May Be	U000007	U00000784289	
	ay 1, 2008 Fee will be \$550.00			JOG 10 1 003	01/16/08-8	<u>0049-009 150.00</u>	
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NAME	GLISSON, FLORA M		*		A Park with	an sign of the base of the second	
STREET ADDRESS CITY+ST-ZIP	1001 PINETREE DR, PO BOX 322 EUSTIS, FL		,				
TITLE	STD	· · · · · · · · · · · · · · · · · · ·	1	, ,			
NAME STREET ADDRESS	JENKINS, KELLY LYNN 3008 BEAUMONT LANE			<i></i>	9 C C C C C C C C C C C C C C C C C C C		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>HOWN. WISSOW</u> Flot a 17

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1/10/08 352-357-8876